

Introduction

School A is a Welsh medium speaking school for children of secondary age between eleven and eighteen years old. All subjects are taught through the medium of Welsh apart from Science, when in year 8 you are given the option to be taught either in English or Welsh. To date there are eight hundred and twenty-one pupils on roll, a hundred and forty-four of them attend sixth form in year 12 and year 13. Less than 1% of the pupils live in the 20% of the most disadvantaged areas in Wales (Estyn, 2016). The additional learning needs register has a total of 175 children, 7% of these pupils have a statement of special education needs which is higher than the national average of 2.5% (Estyn, 2016). Within the main school building you will find the special needs unit, which has been done to a high spec. They have their own kitchen with extra appliances such as a washing machine, bathroom with shower, class room and sensory room. 16 pupils attend the special needs unit, 9 of them with the support of a teaching assistant follow mainstream lessons on a daily basis. All children in the unit will have their lunch with the rest of the school in the main canteen at the beginning of the dinner hour. There are a mix of male and female teachers and teaching assistants. The school has been adapted to suit and support all students, staff and visitors, lifts are available to reach the higher floors, hand rails, braille signs, automatic doors, good lighting in corridors, disabled parking bays and toilets. However, corridors are narrow and can be hectic between lessons and break times. In accordance with child protection and safety regulations only staff have access to all areas in the school with the use of their staff identification cards which will unlock doors, all visitors are to report to reception and sign in, stating why they are visiting and who. Since 2015 the senior management has consisted of a headmaster, deputy head and four assistant heads.

The chosen pupil for the authors case study is thirteen years old. Child A is under the care of the additional learning needs coordinator and on the additional needs register. Although Child A has no official diagnosis, Child A has a very low ability in writing, literacy and behavior problems. Child A is on school action plus due to the fact many outside agencies are now working closely in order to support and help both the child and family in and out of school. The ALENCO suspects Child A may have dyslexia but has been unable to have a true diagnosis due to behavior being a barrier. Due to recent events resulting in Child A being externally suspended for 5 days for violently hitting a fellow pupil, an individual development plan (IDP) is currently under working

progress. There is speculation that Child A has self-harmed as an outcome to this, after a visit to the local GP Child A was referred to the child and adolescent mental health service (CAMHS). Child A has many adverse childhood experiences (commonly known as ACES), these traumatic events include living in a household where there are concerns of domestic violence and sexual abuse to close family members, divorce, alcohol abuse and bereavement within the family. Child A displays signs of aggression and intimidation based on the way he/she presents themselves through body language and the use of inappropriate language towards fellow peers and staff individuals. Often resulting in Child A being sent to the isolation room or in at break times on detention. Despite all these negative aspects Child A has a very caring and loving side that he/she refuses to let people see. For example, when a friend who suffers with epilepsy has an episode Child A will not leave his/her side. Child A will help the first aider by going to get ice packs, blankets and divert the children the other way. Child A will show concern if the friend has been taken to hospital in an ambulance, by going to check with the first aider on how the friend is doing. Child A enjoys and excels at physical education lessons within school, he/she is passionate about playing rugby and plays for both the school and the local village team.

“Evidence shows children who experience stressful and poor-quality childhoods are more likely to develop health-harming and anti-social behaviours, more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.” (NHS Wales, 2018)

How does School A approach and support a pupil with a high score of Adverse Childhood Experiences (ACE)?

Methodology

For the purpose of this case study the child will remain anonymous in order to protect the child's identification. The author is a participant working closely with the child, his/her mother, ALENCO, teaching staff and all other external agencies supporting Child A. Due to the authors own personal experience, the author has a lot of empathy and compassion for the child and his family and to a degree can understand why Child A behaves and responds to situations in the way he/she does. Nevertheless, the way in which Child A reacts either physically or verbally is both

dangerous to himself/herself and others. Methods of obtaining information on Child A included, observing, meetings/discussions with staff members and agencies supporting child A, looking at previous and current school work, talking to Child A and other pupils and monitoring the school behaviour system. Observing Child A from a distance at break times the author listens carefully at the language used and the way he/she presents themselves to other peers. The language used is foul and intimidating, with every other word consisting of a swear word. His/her walk is empowering, everyone sees and hears him/her coming. Deliberately wearing a bright colour coat, no school tie or jumper, shaved head and trainers which goes against the school rules. A teacher will most certainly challenge him on a daily basis about the way he is dressed, Child A answering back with no shame. Observing this, looking and listening to the other children talking the author realises that this only gives Child A more power and more street 'credit'. Child A is someone who is feared by other pupils especially younger ones, one child told the author, "I say hello to Child A because I would rather him/her be ok with me instead of running the risk of him/her picking on or saying anything nasty to me" (Child X, 04/02/19). Despite this Child A seems to talk kindly to older children, especially older girls, treats them with respect without trying to humiliate or mock as he does with children his/her own age and younger.

School A have put many resources and interventions in place to help Child A, these include, behaviour support, counselling, police liaison officer, school nurse, youth worker, inclusion officer, ALENCO and youth prevention team. According to Trauma Informed Schools UK (2017), they suggest that it makes sense for schools to pick up the baton as children spend 190 days a year at school. But is this fair on teaching staff? They didn't sign up to be councilor's or therapists but to teach and educate. Child A has developed a trustworthy relationship between him/herself and the schools ALENCO and inclusion officer. However, they both have concerns that despite their best efforts Child A is in need of extra support and that school itself are unable to provide this due to time, resources and budgets. Refusing to engage with the school youth worker which is a disappointment to the school as the youth worker would be able to make home visits and give the school a better insight to the child's life. Child A and his/her family refused the support offered from Team around the family, which again was a link broken between home and school. Behavior support is an outside agency who come in to the school, initially it was to work with a group of children but now Child A has a one to one session weekly. The police liaison officer for the school and the school's inclusion officer have a very good working relationship. They will share any

concerning information on Child A and have on several occasions worked together to support Child A. Through the information passed on by the police liaison officer the school are aware that Child A drinks excessive amounts of alcohol and damages property outside of the school. Trauma Informed Schools (2017) state that drinking too much alcohol and self-harming is a health harming behaviour to take the pain away.

Findings

A teenagers behaviour can be baffling and test the patience of the calmest of people. NHS (2018) state that going through puberty, body changes, peer pressure, finding your own identity can be a confusing time for a young person. Child A has this to deal with combined with the challenges faced through adverse childhood experiences.

“Children with complex needs often have trouble communicating difficulties and pains that they may be experiencing, so these may instead arise as extreme emotions or bad behaviour.” (Scope, 2018)

Child A has been in isolation for nearly a month now, attending lessons as normal but unable to go to registration and having lunch at different times to the rest of the children. The school has seen an improvement in his/her behaviour within the lessons and are now considering leaving him/her back into registration to begin with. The author spoke to behaviour support after completing a session with Child A. “Child A will not show any vulnerability, to Child A being vulnerable is a sign of weakness and when you are vulnerable bad things happen to you. Personally I believe Child A with certain family members need to speak together, maybe family counselling and revisit the past, this is the only way to move forward”(Behaviour Support, Carmarthenshire County Council, 31/01/19). Child A has openly admitted themselves that he/she doesn't show emotion to other people, “I don't like to show my feelings, I don't want people to know that I'm upset or hurting” (Child A, 31/09/19). Bearing this in mind the school are in process of hopefully arranging through the youth worker, family mediation. Judging past experiences with the family the author is doubtful that the family will engage and participate. Although behaviour support are supporting Child A the school are yet to see an improvement and the purpose of the service, it is one forty-five minutes session weekly, thus proving difficult for Child A and the member of behaviour support to truly form a relationship and get to know each other well. Monitoring the schools behaviour system, Child A recently seems to be participating and contributing in lessons

much better compared to previous school terms. Is Child A able to keep this good behaviour going, or is it an act? Will it only last short term due to the fact there are conversations going on between the school and county, regarding a managed move to a PRU unit due to the latest incident where Child A assaulted a fellow pupil.

Despite teachers stating that each time the pupil comes into class it's a fresh start and past incidents are forgotten, teachers can still hold a grudge and dread Child A coming into their lesson. One teacher the author spoke to stated, "I'm frightened Child A will kick off for no reason, the smallest of things can cause him/her to flip" (Teacher, 01/02/19). Complex Needs Capable (2013) state that people with complex needs have many unmet needs and find it difficult to express them, so is it equitable that Child A spends half his/her time in the isolation room when the school are aware of the high ACES score. Yes, Child A is being treated equally as in if any other children were to disrupt the lesson constantly they would be sent to isolation, but surely Child A should be looked at differently? Capability model should be addressed with Child A, he/she has so much emotional baggage is it fair that the school expect Child A to follow the national curriculum, shouldn't it be readvised in order to adapt to the child's needs. How can we expect this child to perform well academically with so much going on in his/her mind? Child A is at risk of being permanently excluded, the school are addressing this and doing their best to prevent it. This is why now the school are considering a pupil referral unit (PRU), would it be a better place for Child A in order to get an education and all his/her needs met emotionally as well as physically? Or is this another blow for child A, another rejection? According to the Government Green Paper (2017), they argue that a trained mental health leader is needed in every school, as their research found that appropriate trained teachers are able to achieve results the same as a therapist. Will teachers then complain that they didn't come into the profession to be councilors? There is no correct answer, unfortunately the school won't always be able to get it right as it is a case of trial and error and adapting to the child's needs.

Maslow's hierarchy of needs clearly states that a person not getting their needs met won't go on to fulfill the next need (Simply Psychology, 2018). Despite Child A getting the physiological needs met such as water, food and shelter, Child A hasn't always got his/her safety needs met. Child A has during his/her life lived in fear at some point, Child A hasn't always had a secure and safe home. How then can we expect Child A without difficulty to go on to fulfil the next need which

is to feel loved and belonged, forming friendships and trust was always going to be a challenge to Child A.

Conclusion

“Teenagers also often become violent because they’ve been treated violently in turn. If you or your partner have been physical with your child, this is likely to teach them that violence is an acceptable response to stress or disagreements.” (Relate, n/d)

Is this the case for Child A? The author through the findings believes so. Child A has a vulnerable caring side, unable to show this vulnerable side due to the life experiences he/she has encountered. After speaking to behaviour support the author came to realise that being vulnerable to Child A is a show weakness and can cause heartache and pain. Reflecting on all the evidence gathered School A have come to realise that what Child A mostly needs is someone to be patient and to listen. He/She will talk when they are ready, Trauma Informed (2017) state that an intervention by school staff such as listening to a child with acceptance and no judgment, talk about their painful childhood experiences has a positive impact and calms the child. School A have recognised this and recently employed an emotional literacy support officer who is dedicated to talk to children with complex needs. However, there are so many children on the waiting list that time is cut short and appointments are scheduled, which is not always the correct time to when the child wants or ready to speak. School A are doing the best they can by the Child and will continue to support him/her for the duration of their time in the school.

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